

**EXECUTIVE LOBBYING
REGISTRATION/ RENEWAL FOR
THE YEAR OF _____**

(Fill in year.)

19
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 12/27/05

Ren. 2006

27445

\$110.00 WTS

3050208

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Lasse Clark R
Last First MI

2. BUSINESS PHONE (225) 928-0021
Area Code and Phone Number

3. FAX NUMBER (225) 923-1004

4. BUSINESS ADDRESS 4521 Brookline Ave Baton Rouge, La 70809
Street and No. City State Zip

MAILING ADDRESS Same as above
Street and No. City State Zip

5. EMPLOYER Louisiana Hospital Association

6. EMPLOYER'S ADDRESS 4521 Brookline Ave Baton Rouge, La 70809
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent and on whose behalf expenditures are made; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Hospital Association

Address 4521 Brookline Ave, Baton Rouge, La. 70809

Business or purpose Healthcare/Hospital trade organization

Does this person pay you? Yes

If No, who pays you? _____

**EXECUTIVE LOBBYING
REGISTRATION FORM**

Executive Lobbyist Registration No. _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.


Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE